TRADE

PTO/SB/30 (04-65)

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|---|---|---|
| Request Request | Application Number | 10/768,406 |
| TOr | Filing Date | January 30, 2004 |
| Continued Examination (RCE) Transmittal | First Named Inventor | Paul Brent Rivers |
| Address to: Mail Stop RCE | Art Unit | 3632 |
| Commissioner for Patents P.O. Box 1450 | Examiner Name | Kimberly T. Wood |
| Alexandria, VA 22313-1450 | Attorney Docket Number | BS030571 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8,

| 1995, | or to any design application. See Instruction Sheet for RCEs (not to be submitted to | the USPTO) on page 2. | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| 1. | . Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). | | | | | | | | |
| | a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. | | | | | | | | |
| | i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on | | | | | | | | |
| | li Other | | | | | | | | |
| | b. 🚺 Enclosed | | | | | | | | |
| | I. ✓ Amendment/Reply iii. Info | ormation Disclosure Statement (IDS) | | | | | | | |
| | ji. Affidavit(s)/ Declaration(s) iv. Oth | ner | | | | | | | |
| 2. | Miscellaneous | | | | | | | | |
| | Suspension of action on the above-identified application is requested ur | nder 37 CFR 1.103(c) for a | | | | | | | |
| | a. period of months. (Period of suspension shall not exceed 3 months | | | | | | | | |
| l | b. Other | | | | | | | | |
| 3. | The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No I have enclosed a duplicate copy of this sheet. | | | | | | | | |
| | i. | SHASSEN1 00000001 10768406 | | | | | | | |
| | ii. Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:1801 | 790.00 OP | | | | | | | |
| | iii. V Other LENLN POSTCAND | | | | | | | | |
| | b. Check in the amount of \$end | closed | | | | | | | |
| | c. Payment by credit card (Form PTO-2038 enclosed) | | | | | | | | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | |
| \equiv | SIGNATURE OF APPLICANT, ATTORNEY, OR AG | ENT REQUIRED | | | | | | | |
| Signa | | Date April 26, 2006 | | | | | | | |
| Name | (Print/Type) Bambi Faivre Walters | Registration No. 45,197 | | | | | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION | | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. | | | | | | | | | |
| Signa | | | | | | | | | |
| Name | (Print/Type) Bambi Faivre Walters | Date April 26, 2006 | | | | | | | |
| | | the fall the self-self-the file for the file topics | | | | | | | |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

| | | CRAITT | T A I | | | | | | | | |
|---|--------------------------|------------------------|--|---|-----------------------------------|-------------------|---------------------|--------------------------|--|--|--|
| FEE TRANSMITTAL or 1006 g for FY 2005 Applicant claims small entity status. See 37 CFR 1.27 | | | | Application Numb | er 10/ | 768,406 | | | | | |
| | | | | Filing Date | | January 30, 2005 | | | | | |
| | | | | First Named Inver | ntor Pai | I Brent Rivers | | | | | |
| | | | | Examiner Name | Kim | Kimberly T. Wood | | | | | |
| | Art Unit | 363 | 3632 | | | | | | | | |
| The | / | | | Attorney Docket N | lo. BS | 030571 | | | | | |
| TOTAL A | MOUNT OF PAYN | MENT | <u>\$790.00</u> | | | | | | | | |
| METHOD OF PA | YMENT (check all | that apply) | - | | | | | | | | |
| ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other | | | | | | | | | | | |
| ☐ Deposit Account Deposit Account No. 19-2167 Deposit Account Name: | | | | | | | | | | | |
| | thorized to: (check | all that apply) | | | | | | | | | |
| Charge fee(s) in | | | | | | | | ept for the filing fee | | | |
| Charge any add | ditional fee(s) or unde | erpayments of fee(s |) under 37 CFR 1.1 | 6 and 1.17 | ⊠ Cred | lit any overpaym | ents | | | | |
| | | | FEE (| CALCULATION | | | | | | | |
| 1. BASIC FILING | , SEARCH, AND EX | AMINATION FEES | | | | | | | | | |
| | FILIN | G FEES | SE | ARCH FEES | | EXAMINATIO | N FEES | | | | |
| Application Type | Fee (\$) | Small Entity Fee | Fee (\$) | Small Entity F | Fee Fee (\$ |) Sr | mall Entity Fee | Fees Paid (\$) | | | |
| | -00-(4) | (\$) | | (\$) | | <u>.</u> (\$ | | 1 000 1 010 (4) | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 10 |)0 | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 5 | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | | |
| | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 30 | 10 | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | | |
| 2. EXCESS CLAIM | M FEES | | | | | | | | | | |
| Fee Description | | | | | | F | ee (\$) | Small Enty Fee (\$) | | | |
| Each claim over 20 | (including Reissues) | ١ | | | | 50 | 0 | 25 | | | |
| ľ | claim over 3 (includi | | | | | | 00 | 100 | | | |
| Multiple dependent | • | , | | | | | 60 | 180 | | | |
| Total Claims | | Extra Claims | Fee(\$) | Fee Paid (S) | | M | lultiple Depende | nt Claims | | | |
| | - 20 or HP = | | x | = | | | ee (\$) | Fee Paid (\$) | | | |
| | | | | | | _ | | | | | |
| HP=highest numbe | er of independent clai | ms paid for, if great | er than 3. | | | | | | | | |
| ł | | | | | | | | | | | |
| Indep. Claims | | Extra Claims | <u>Fee (\$)</u> | Fee Paid (\$) | | | | | | | |
| | -3 or HP = | | x | = | | | | | | | |
| _ | er of independent clai | ms paid for, if great | er than 3 | | | | | | | | |
| 3. APPLICATION | | shoots of names lave | ludina oloatronicolly fi | ilad assuance or com | nutar liatinga una | lar 27 CED 4 52/a |)) the englishing | size fee due is \$250.00 | | | |
| (\$125 for small entity |) for each additional 50 | sheets or fraction the | reof. See 35 U.S.C. | iled sequence or com 41(a)(1)(G) and 37 CF | puter listings und FR 1.16(s). | ier 37 CFR 1.52(e |)), the application | size tee due is \$250.00 | | | |
| Total Sheets | | Extra Sheets | | | | E | ee (\$) | Fee Paid (\$) | | | |
| | - 100 = | | / 50 | (round | lup) x | _ | = | | | | |
| 4. OTHER FEE(S) | | | | | | | | Fee Paid (\$) | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | |
| Other (e.g., late filing | ng surcharge): | Request for Cont | inued Examination | | | | | 790.00 | | | |
| SUBMITTED BY: | | | T= - : : : : : : : : : : : : : : : : : : | | | | e (if applicable) | | | | |
| Name (Print/Type) |) Bambi F. Walte | ers | Registration No. (Attorney/Agent) | | 15,197 | Teleph | one: | (757) 253-5729 | | | |
| | QP.T. | + walk | <u> </u> | | | | | | | | |
| Signature | 1000 | WALL | | | Date | April 26, 2006 | | | | | |